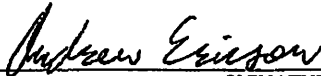


CJA 23 (Rev. 11/11)	<b>FINANCIAL AFFIDAVIT</b>		
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE			
IN THE UNITED STATES <input checked="" type="checkbox"/> DISTRICT COURT <input type="checkbox"/> COURT OF APPEALS <input type="checkbox"/> OTHER (Specify below)		LOCATION NUMBER	
IN THE CASE OF USA v. ERICSON		FOR AT	
PERSON REPRESENTED (Show your full name) ANDREW C. ERICKSON		DOCKET NUMBERS Magistrate Judge 21-MJ-07-KEW District Court Court of Appeals	
CHARGE/OFFENSE (describe if applicable & check box →) *see Complaint		1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Supervised Release Violator 5 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other (Specify)	
		<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY																	
INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? <u>01/2021</u> How much did you earn per month? \$ <u>100</u>															
		If married, is your spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____															
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width: 100%;"> <tr> <th style="width: 50%;">RECEIVED</th> <th style="width: 50%;">SOURCES</th> </tr> <tr> <td>IF YES, give the amount received and identify the sources</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>		RECEIVED	SOURCES	IF YES, give the amount received and identify the sources		\$ _____	_____	\$ _____	_____	\$ _____	_____				
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\$ _____	_____																
\$ _____	_____																
\$ _____	_____																
CASH	Do you have any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ <u>4000</u>																
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%;"> <tr> <th style="width: 40%;">VALUE</th> <th style="width: 60%;">DESCRIPTION</th> </tr> <tr> <td>IF YES, give value and description for each</td> <td></td> </tr> <tr> <td>\$ <u>about 5000</u></td> <td><u>Mercedes ML320 year: 2001</u></td> </tr> <tr> <td>\$ <u>2000</u></td> <td><u>SILVER</u></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>		VALUE	DESCRIPTION	IF YES, give value and description for each		\$ <u>about 5000</u>	<u>Mercedes ML320 year: 2001</u>	\$ <u>2000</u>	<u>SILVER</u>	\$ _____	_____	\$ _____	_____			
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced Total No. of Dependents _____ List persons you actually support and your relationship to them _____															
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table style="width: 100%;"> <tr> <th style="width: 60%;">DESCRIPTION</th> <th style="width: 20%;">TOTAL DEBT</th> <th style="width: 20%;">MONTHLY PAYMENT</th> </tr> <tr> <td><u>AMEX credit card</u></td> <td>\$ <u>1000</u></td> <td>\$ <u>270</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>		DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	<u>AMEX credit card</u>	\$ <u>1000</u>	\$ <u>270</u>	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____
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_____	\$ _____	\$ _____															

I certify under penalty of perjury that the foregoing is true and correct.


SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

1/25/2021

Date